DOCUMENT RESUME

ED 424 495 CG 028 772

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TITLE Designing Interventions for Preschool Children Exhibiting Behavioral Problems.
PUB DATE 1998-04-00
NOTE 27p.; Paper presented at the Annual Convention of the National Association of School Psychologists (30th, Orlando, FL, April 14-18, 1998).
PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Adjustment (To Environment); *Behavior Problems; *Intervention; *Preschool Children; Preschool Education; Psychoeducational Methods

ABSTRACT

This paper presents a model for generating school and home interventions for preschool children experiencing behavioral and social difficulties or developmental delays. Youngsters, at some point in their development, may display challenging behaviors that can be minimized, sometimes eliminated, with appropriate intervention. Current best practices suggest interventions that rely on collaborative problem solving with family members and school staff, and provide consultation to caregivers. Comprehensive assessments examine the relationship between environmental and within-child variables. Functional assessment, a main feature of the model, provides a framework for intervention design. The intervention process begins with identification of target behaviors. Acknowledgement of warning signs that predict under what circumstances the target behaviors may occur is then vital in preventing these behaviors. The most important aspect of the intervention plan is developing proactive prevention efforts. Prevention includes modification of environments, development of skills and alternative behaviors to replace target behaviors, reinforcement programs, and changes in caregiver behavior. Finally, if prevention strategies fail, intervention strategies are designed for caregiver response to the target behavior. Case material is used to present basic techniques for behavior change. (Author/EMK)

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ED 424 495

INTERVENTIONS FOR PRESCHOOL CHILDREN

Florence D. Rubinson

This paper was presented as a Mini Skills Workshop

National Association of School Psychologists

1998 Convention

Linking Support Systems for Students and Families

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Running head: INTERVENTIONS FOR PRESCHOOL CHILDREN

Designing Interventions for Preschool Children Exhibiting Behavioral Problems

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Abstract

This paper is designed to present a model for generating school and home interventions for preschool children experiencing behavioral and social difficulties, or developmental delays. Disabled as well as many nondisabled youngsters, at some point in their development, may display challenging behaviors that can be minimized, sometimes eliminated, with appropriate intervention. Interventions will rely on collaborative problem solving with family members and school staff, and represent an indirect service delivery model in which consultation is provided to caregivers. Functional assessment, a main feature of the model, leads to a framework for intervention design. The intervention process begins with identification of target behaviors. Acknowledgement of warning signs that predict under what circumstances the target behaviors may occur is then vital in preventing behavior. The most important aspect of the intervention plan is prevention which includes modification of environments, development of skills and alternative behaviors to replace target behaviors, reinforcement programs, and changes in caregiver behavior. Finally, if prevention strategies fail, positive efforts to intervene will be discussed. Examination of basic techniques resulting in behavior change will be presented through case material.

Designing Interventions for Preschool Children Exhibiting Behavioral Problems

The model of preschool intervention for challenging behaviors suggested by current best practices is based upon ongoing collaborative problem solving among caregivers, teachers, and school personnel (Barnett & Ehrhardt, 1995). The focus of assessment is to determine a functional relationship between environmental variables and the behaviors exhibited by the youngster. Understanding the function of behavioral anomalies is the basis of this model and what ultimately leads to effective intervention. Interventions focus on problem solving, rather than identification of children as disabled. A specific description of what the child does that requires change leads to identification of warning signs that predict under what circumstances the target behaviors may occur. Observation of warning signs enhances the caregiver's ability to prevent a challenging behavior from occurring. Prevention is the most important aspect in the intervention process and often involves replacement of challenging behaviors with more appropriate behaviors. Emphasis is placed on classroom and family-centered interventions, since parents and teachers are the ideal from which young children learn most effectively. This model fosters the connections between home and school, which can lead to more robust and dynamic interventions. Only when prevention fails to be effective are positive efforts to intervene put into place.

Basic Considerations

After their third birthday typical preschoolers are likely to acquire various qualities and abilities that allow for more cooperative behavior. Coordination greatly improves in both gross and fine motor skills. Language advances, creating a talkative youngster who begins to

verbalize needs and desires. Playing with peers is desirable and necessitates the development of turn taking and sharing. These and many other changes become evident as three-year-old development proceeds on schedule. As the preschooler continues to refine previously learned skills he or she will be even more manageable as a four-year old. Parents and professionals recognize that for some children the normal developmental sequence can go awry so that the three or four-year old who is supposed to become more manageable becomes less so (Campbell, 1990; Seifert & Hoffnung, 1997; Zigler & Finn Stevenson, 1993).

Grant, a typically developing 4-year old, takes out his frustrations on his younger sibling resulting in physical assaults. Sara, at 3 ½, often ignores parental directives, but readily complies with requests made by preschool staff. Felix, a 4-year old with a pervasive developmental disorder, receives 10-minutes of classroom instruction per day in fastening clothing. After a few minutes he cries, screams, and attempts to kick his teacher. With 5-minutes of struggle behind them, the teacher generally gives up and Felix begins to soothe himself by rocking and humming. Roberta, almost 5, and her siblings have been in the same foster home for three years. The siblings were originally removed from their natural mother's home due to abuse and neglect, thus, putting them at risk for emotional and learning problems. Yet, Roberta is bright, possesses excellent verbal skills, and behaves quite appropriately in her special education classroom. Roberta has knowledge of imminent departure from her current foster placement, and consequently, even mild frustration will produce crying, hitting, spitting, cursing and biting.

The mere presence of a specific behavioral problem does not necessarily suggest clinical significance, but the problem behavior whether big or small can be ameliorated if a sensible intervention is put in place. The behaviors exhibited by Grant and Sara may be considered simply troublesome, while those of Felix and Roberta may appear more worthy of concern. This may or may not be so, however, many nondisabled and disabled preschoolers at some point in their development display challenging behaviors which could be minimized, even eliminated, by appropriate intervention. The preschool period is characterized by such traits as impulsivity, inattention, oppositionalism, and high activity levels. It is the frequency, intensity, and social context of behavior that determines the need for formal intervention. Grant's aggression toward his younger sibling and Sara's disregard for parental directives may not be uncommon, but if the behaviors are disruptive within the family and negatively effect relationships then intervention is warranted. With more appropriate behaviors in place, relationships improve, interactions become more positive, the youngster is better able to learn in the classroom, and possibility of improved self-esteem increases for all children (Campbell, 1990).

Assessment Domains

Construction of effective interventions for preschoolers demands examination of many variables including developmental, family, economic, social, and cultural variables that interact with internal characteristics to create a youngster's subjective experience (see Table 1). Comprehensive assessments examine the relationship between environmental and within-child variables. It is vital that the interventionist understands this interaction in order to determine how environmental variables serve to trigger and maintain the challenging behavior.

Black (1995) describes a preschool youngster who presents as shy, passive, anxious and somewhat bizarre, however, behavior varied in different situations. In her present classroom the youngster is typically independent, cheerful and active, while at home she was more often clingy, dependent and miserable. The child enjoyed a better relationship with her father and some strangers than with her mother. Mother was a musician and highly educated woman, who tended to talk excessively. Unfortunately, the youngster experienced sensory integration problems compounded by a neurological anomaly that made her oversensitive to sound. Mother not only talked to the child a good deal, but also often played classical music. When overwhelmed by auditory stimuli the youngster would become unfocused, disorganized and withdrawn. Although the basis of this youngster's problem was neurogenic, aspects of her mother's behavior exacerbated the child's problem behaviors. In a less verbal, less musical home the youngster's relationship with mother may not have been as stressed. The situation exemplifies the importance of the intricate connection between environmental and within-child variables.

Some behaviors that cause concern during the preschool years are developmentally appropriate. For example, oppositional behaviors in the form of tantruming are quite common as the two-year old is attempting to become more autonomous. A typically developing preschooler can become fearful and timid when faced with the illness of a parent. The loss of a job and subsequent loss of income can place enormous stress on even the most solid family and in turn effect a preschooler's behavior. One's community, religious group, and ethnicity impact on how youngsters manage their experience and must be considered in a comprehensive evaluation and when formulating interventions. Attention to cross cultural

variables, including language, cognitive style, opportunity, adaptive functioning, and trust are essential in forming a truly ecological perspective (Barnett & Carey, 1992). Traditional psychoeducational evaluations are administered for the purpose of identifying within-child deficits or disabilities that are presumed to be the cause of behavioral difficulties. This type of evaluation, when utilized, is simply an initial step if assessment is to be directly linked to intervention since environmental factors stemming from home, community and school cannot be ignored.

Functional Analysis

Preschool practice is influenced by differing theoretical approaches that affect the selection of assessment procedures and interpretation of behavior. Regardless of these differences, the goal of assessment is always to determine effective interventions. Within the field of education, more specifically school psychology, emphasis is now placed on developing assessment activities that are directly linked to effective intervention (Broussard & Northup, 1995; Fuchs & Fuchs, 1986; Lentz & Shapiro, 1986; Roberts, 1995). Functional analysis is an assessment strategy that examines environmental events in a youngster's life to determine the impact of environmental variables on behavior. More specifically, environmental events are systematically manipulated to determine relationships between the youngster's behavior and environmental antecedents (Iwata, Vollmer, Zarcone, 1990; Horner, 1994). Assessment strategies are designed to identify the relationship between specific behaviors and environmental factors that trigger or maintain them. Functional analysis may lead us to understand why a behavior occurs, but more importantly why it persists. Challenging behaviors often serve a purpose in that they make sense to the

youngster, even though the behaviors are not understood by caregivers. Behavior can be considered a form of communication, a learned interaction, source of pleasure, means of exerting control, or something to do when the child does not know what else to do (Westchester, 1994).

Functional explanations of behavior have the advantage of identifying practical targets of change. Once environmental variables are associated with target behaviors the probability of treatment effectiveness is greatly enhanced (Broussard & Northup, 1995). This is efficient practice because factors external to the child are typically subject to direct manipulation, while factors internal to the child are more difficult to alter, often requiring drug or long-term therapies. It is common in interventions developed from functional analyses that emphasis is placed on natural systems such as home and classroom (Rogers-Warren, 1984). Family-centered and classroom interventions work best since parents and teachers are the models from whom young children learn most effectively.

Functional analysis requires systematic information gathering to assist in planning the intervention process. Consultative practice is the framework that guides this problem-solving practice, as well as the foundation for working with all caregivers. What are typically thought to be assessment tasks in traditional practice must be ongoing throughout this process. Ongoing assessment tasks represent vital aspects of the intervention, as they lead to more accurate hypotheses about the youngster's behavior (see Table 2). During the process, more accurate hypotheses as well as circumstances can, and often do change, requiring alterations in intervention techniques. The process begins by gathering information from caregivers through interviews. Parents, siblings, extended family members, school staff and others

important in the youngster's life are interviewed. From this process the interventionist acquires not only data that concerns the youngster, but also important information about caregivers. Listening to caregivers describe and interpret a youngster's behaviors, the interventionist begins to understand skill level, attitudes, biases, and thinking of the significant people in the youngster's life. It is important to know the players in the child's life, since they are not only significant in a youngster's life, but will generally carry out the intervention. Acceptability of an intervention depends on how demanding the intervention is on parents and teachers. The more closely the description of the intervention matches theoretical beliefs, or fits the caregiver's style, situation, and skill level the more acceptable and possibly more effective the intervention is likely to be (Conoley & Conoley, 1992). Throughout the interventionist's work on a particular case ongoing observation is essential. Often hypotheses concerning why a behavior persists are confirmed by direct observation. Observation can be formal or informal, behavioral or anecdotal, participatory or nonparticipatory, but it must be comprehensive. Thus, observation of the youngster must be done at different times of the day, in different environments, and with differing caregivers. The simple fact that a youngster engages in a challenging behavior in one environment and not another, at a certain time of day, when engaged in a certain activity, or with one caregiver might be the clue to discovering the function of the behavior (Barnett & Carey, 1993; Bramlett & Barnett, 1992; Cairns & Green, 1979; Shapiro & Skinner, 1990). A comprehensive review of records is generally reveals valuable information. Developmental and social histories may often supply clues to data that family members are reluctant to

reveal in interviews. Certainly when applicable talk to the youngster. Play assessments, behavior-rating scales, social skill assessments and various checklists are often helpful.

Framework for Interventions

The process of collaborative problem solving with the interventionist and caregivers now begins. Rather than providing direct services to children, the interventionist generally engages in problem solving with caregivers to develop effective, acceptable intervention strategies for use within natural settings, typically home and school. Interventions carried out in natural settings are least intrusive, do not require generalization to other settings, and are clearly more meaningful to a young child. It is the caregivers, teachers and family, from whom young children learn best, therefore, it is most appropriate for caregivers to be the primary interventionist. Strategies may be implemented in one setting or across settings, with emphasis placed on problem situations, not problem children (Barnett & Ehrhardt, 1995). The goals of the problem solving process are twofold: 1) to improve the current problem situation; and 2) prevent future problems by providing both children and caregivers with enhanced understanding, knowledge, and skills.

The following framework for intervention (see Table 3) will be illustrated through Ricky, a 4-year old with significant language, cognitive, and behavioral difficulties. Clinical impressions of Ricky are as follows:

> Ricky continues to exhibit extensive delays across all areas of functioning with especially severe delays in language and cognition. He remains extremely disorganized, active and impulsive. Although his inappropriate behaviors have somewhat abated in the past year, he continues to have difficulty tolerating

even minimal frustration. Communication skills have improved, so that Ricky can now speak in single words and simple over-learned phrases. His articulation is poor and his expressive vocabulary remains limited to approximately 30-words. At this point in his development, Ricky is struggling to establish control over a world that must be very confusing and, thus, difficult to negotiate. Ricky's home situation and the nature of his delays afford him little opportunity to assert himself. He creates power struggles in a seemingly arbitrary manner. In examining the nature of these struggles, it becomes clear that they are consistent with his delayed emotional development and limited cognitive functioning. Often when attempting to exert power, he does not appear to understand the potentially dangerous nature of his actions.

Target Behavior(s)

The first step is to specify in precise terms what the child does that must change which becomes the target behavior. In this author's experience it is unlikely that a youngster displays a single behavior that requires change, but more often there are many behaviors in need of amelioration. The recognition that many behaviors have to be worked on often intimidates both interventionist and caregivers. At these times, it is wise to make the task more manageable by choosing one or two behaviors that are the most troublesome. Many times behaviors occur in chains with one behavior setting off a string of other behaviors. For example, Ricky's aggression in the form of hitting is the terminal behavior in a chain that begins with removing himself from an activity, then proceeding to an inappropriate often dangerous place in the home or classroom, and eventually striking the caregiver who

attempts bring him out of harm's way. The behavior to be addressed in this case is Ricky's initial leave taking from an activity, because it is the behavior that begins the chain. A word here is necessary concerning the ethics of choosing of target behaviors. The outcome of behavior change must be beneficial to the youngster. Although this may seem obvious, the interventionist must be aware that behavior-change programs primarily designed to reduce behaviors that simply disrupt the smooth functioning of school, institution, or home but do not enhance the youngster's social, emotional, cognitive or educational development are not appropriate target behaviors. Change in target behaviors must serve the best interest of the child, not simply to keep them quiet, still, and docile (Winett & Winkler, 1972).

Warning Signs

Next, look for warning signs that signal an unwanted behavior will occur. Which behaviors when observed will predict the target behavior and under what circumstances does the behavior occur? These are questions that when answered assist caregivers in predicting the unwanted behavior, thus, permitting prevention strategies to be instituted before the behavior occurs. For Ricky, frustration became the circumstance that signaled he might flee from the activity. With limited tolerance for frustration, and poor communication skills even minimal frustration could not be tolerated. Ricky possessed only one method of expressing this to others, fleeing. In addition to teaching Ricky a better strategy to use when experiencing frustration, caregivers were made aware of just how little task challenge Ricky could manage. Moderate amounts of challenge combined with verbal encouragement went a long way in preventing Ricky's problem behavior.

Prevention

When developing an intervention, perhaps the most important feature is prevention. Prevention efforts are proactive and minimize the possibility that the target behavior will occur. The literature abounds with declarations lauding the benefits of prevention rather than intervening once the challenging behavior has occurred (Hightower, Johnson, & Haffey, 1995; Zins & Forman, 1988). There are several prevention procedures most appropriate for preschool children. First, the simplest prevention strategy involves modification of environments to reduce, or counteract, potentially unwanted circumstances. The physical setting, social setting, activities, instruction, and scheduling of events may be modified to reduce target behaviors. One of the dangerous places Ricky often ran to was the classroom windowsill. Examination of the placement of furniture in the classroom revealed that a chair, table and bookshelf were all placed in front of a large window. This arrangement provided Ricky with a ladder, which he could easily climb to reach the sill. Simple changes in the arrangement of furniture prevented access to the window and, in fact, established a barrier he could not pass. Modifications can also be made in the social setting, which implies changes in the opportunities for and quality of interactions with others. Clearly, positive and respectful interactions with others will serve all preschoolers well. Examine caregiver expectations and interactions with each other and youngsters. Are expectations too high, low, or unrealistic? Are interactions positive, respectful, and do they facilitate emotional health? In terms of activities is what the youngster is being asked to do appropriate for his or her level of development? Is language adjusted to accommodate individual needs? Are expectations clear? Scheduling can be problematic for preschoolers when activities are

scheduled for an inappropriate length of time, or when there is too much sameness in routine, or for some children when they are not prepared for transition. Examination of these aspects of the social environment is useful in crafting prevention strategies.

Skill building, another prevention technique, involves the development of skills that are not currently in the youngster's repertoire. Before introduction of a new skill, the interventionist must determine if the skill to be taught is appropriate for the youngster's developmental level. Developmental appropriateness is the issue, not the youngster's chronological age. Behavior rating scales, developmental scales, and curriculum-based assessments are often helpful in determining developmental appropriateness. Ricky's challenging behaviors were maintained by his desire for power. Although he was 4 ½-years old, cognitively and emotionally he was operating on the level of a two-year old. Ricky's home situation, a rather large household with many extended family members and the nature of his cognitive and language delays afforded him little opportunity to assert himself. Ricky needed to learn skills that would permit more socially appropriate methods for seeking power. Once the skill required is determined it is important to decide whether resources are sufficient to teach the skill? Caregivers and natural settings in which the child functions must be equipped to administer adequately and monitor skill building. Finally, new skills must benefit the youngster, not simply the caregiver. The focus must be on establishing skill in areas that are beneficial to the child.

Alternative skill building involves the development of substitute skills to replace the target behavior. Persistent behaviors rarely disappear without being replaced by something else. These substitute skills serve the same function as the challenging behavior but are

generally more socially appropriate. Ricky became easily frustrated by tasks that presented a challenge to him. He much preferred to engage in sensory tasks and often did so in a perseverative manner. Escape from frustration was considered the force maintaining the chain of behaviors that began by fleeing an activity. Classroom staff and family members were instructed, if possible, to present tasks that provided minimal challenge. Since this was difficult to do, although not impossible, Ricky was taught to signal, not flee, when frustration was building by saying the words "no more." Fleeing behavior was now replaced by a verbalization taught by modeling the verbalization repeatedly over time. This would signal the caregiver that frustration was building beyond Ricky's ability to control it. By enticing Ricky to stay with a frustrating task for seconds more than he wanted, and subsequently building the time he would stay, more tolerance for frustration was established.

Perhaps the most difficult aspect of prevention to accomplish involves modification of caregivers behavior when caregiver behavior is viewed as somehow triggering or maintaining the youngster's challenging behavior. At these times it becomes incumbent on the adult to change in some respect. Professionals must acknowledge that caregivers generally want the best for children in their care, but often attempts to change adult behavior are difficult. Adult attitudes, beliefs, and life-stresses make behaviors difficult to modify and prevention procedures can represent a radical departure from every day routines (Barnett & Ehrhardt, 1995). Thus, support and assistance from the interventionist are vital as caregivers attempt to change one or more aspects of their behavior. For example, reinforcement programs are often valuable tools in intervention design, however, consistent application with young children can be time consuming and burdensome. Caregivers are often asked to

model alternative skills, provide youngsters with opportunities to practice the new skill, prompt and reinforce. These examples often represent novel behaviors and responses for the adult in the youngster's life.

Intervention

When prevention strategies fail to decrease or eliminate the problem behavior, an intervention must be called up to deal effectively with the behavior. Interventions are specific strategies for caregivers to implement in the event of occurrence of the targeted behavior. It is generally best to clearly delineate when and where to intervene as well as what to do so that all caregivers to intervene in similar ways. For Ricky it was necessary to intervene physically in order to defuse the dangerous situation. This action often precipitated aggressive behaviors, so it became necessary to hold Ricky in a physically restrictive manner to prevent harm to him and others. Although physically restrictive interventions will not be discussed in detail, it must be emphasized that these actions may represent a serious infringement of a youngster's rights and, therefore, requires parental as well as school sanction. If primary caregivers do permit the implementation of a restrictive intervention, they must provide written informed consent. Further, a restrictive intervention is only used as a last resort and implemented by individuals who have special training. When the youngster returns to a level of emotionality in which he or she is functioning appropriately, a non-blaming and supportive talk between the adult and child should take place. This discussion, aimed at the child's developmental level, should help the child to explore what led up to the incident and alternative choices that could have been made.

Evaluation

Evaluation is an ongoing process necessary to determine how effective strategies were in producing the desired changes. Modification of strategies is based on continuous data collection throughout the prevention, and if necessary the intervention process. Continuous interviews with caregivers and observations in natural settings provide data necessary to quickly modify interventions when necessary. Strategies that are not working well must be modified before child and caregivers become negative about the process. Provision of regular feedback on positive outcomes to everyone involved enhances the process. In addition, plans may be working so well that redefinition of desired outcomes becomes appropriate. Knowledge of singe-subject research design proves very useful in this type of evaluation (Barlow, Hayes & Nelson, 1984; Barlow & Hersen, 1984).

Conclusion

The approach suggested in these pages is effective with preschoolers exhibiting challenging behaviors. Success hinges on accepting the premise that challenging behaviors are related to environmental events. Although the function of a behavior may not, at first blush, make sense it probably either triggers or maintains the challenging behavior. Ascertaining these environmental events and how they relate to the internal characteristics of the child is the task of the interventionist. It is important to believe that any behavior, regardless of how bizarre or extraordinary it may appear, is, a result of the child interacting with the environment. Thus, the behavior can be changed by changing some aspect of the environment or by adding new or alternative skills to a youngster's repertoire so that he or

she can effectively manage their world. This approach to intervention requires a significant investment in time and energy. Extensive interviews, observations, archival review, planning, and evaluation can be time consuming. The complexity of both assessment and treatment make input from a number of professionals with a wide range of experience a useful component. Lastly, it is important to recognize that amelioration a pronounced behavior problem rather than complete elimination is often the most we can achieve. Interventions can influence the lives of the children and caregivers they serve in positive ways that promote good emotional health.

References

Barlow, D. E., Hayes, S. C., & Nelson, R. O. (1984). The scientist practitioner: Research and accountability in clinical and educational settings. New York: Pergamon.

Barlow, D. E., & Hersen, M. (1984). Single case experimental designs: Strategies for studying behavior change (2nd ed.). New York: Pergamon.

Barnett, D. W., & Carey, K. T. (1992). Designing intervention for preschool learning and behavior problems. San Franciso: Jossey-Bass.

Barnett, D. W., & Ehrhardt, K. E. (1995). Best practices in early intervention design. In A. Thomas & J. Grimes (Eds.), Best Practices in School Psychology (pp.999-1007). Washington DC: National Association of School Psychologists.

Black, L. M. (1995). The interweaving of neuropsychological dysfunction and psychological conflict. Zero to Three, 15(4), *26-34.*

Bramlett, R.K., Barnett, D. W. (1993). The development of a direct observation code for use in preschool settings. School Psychology Review, 22, 49-52.

Broussard, C. D., & Northrup, J. (1995). An approach to functional assessment and analysis of disruptive behavior in regular education classrooms. School Psychology Quarterly, 10, 151-164.

Cairns, R. B., & Green, J. A. (1979). How to assess personality and social patterns: Observations or rating? In R. B. Cairns (Ed.), The analysis of social interactions: Methods, issues and illustrations (pp. 209-226). Hillsdale, NJ: Erlbaum.

Campbell, S. B. (1990). Behavior problems in preschool children. New York: Guildford Press.

Conoley, J. C., & Conoley, C. W. (1992). School consultation practice and training. Boston: Allyn and Bacon.

Durand, V. M. (1990). Severe behavior problems: A functional communication training approach. New York: Guildford Press.

Fuchs, L. S., & Fuchs, D. (1986). Linking assessment to instructional intervention: An overview. School Psychology Review, 15, 318-323.

Hightower, A. D., Johnson, D., & Haffey, W. G. (1995). Best practices in adapting a prevention program. In A. Thomas & J. Grimes (Eds.), Best Practices in School Psychology (pp.311-323). Washington DC: National Association of School Psychologists.

Horner, R. H. (1994). Functional assessment: Contributions and future directions. Journal of Applied Behavior Analysis, 27, 401-404.

Iwata, B. A., Vollmer, T. R., & Zarcone, J. R. (1990). The experimental (functional) analysis of behavior disorders: Methodology, application and limitations. In A. C. Repp & N. N. Singh (Eds.), Perspectives on the use of nonaversive and aversive interventions for persons with developmental disabilities (pp. 301-330). Sycamore, IL: Sycamore.

Lentz, F. E., & Shapiro, E. S. (1986). Functional assessment of the academic environment. School Psychology Review, 15, 346-357.

Rogers-Warren, A. K. (1984). Ecobehavioral analysis. Education and Treatment of Children, 7, 283-303.

Seifert, K. L., & Hoffnung, R. J. (1997). Child and Adolescent Development. New York: Houghton Mifflin Co.

Shapiro, E. S., & Skinner, C. H. (1990). Best practices in observation and ecological assessment. In A. Thomas & J. Grimes (Eds.), Best practices in school psychology-II (pp. 507-518). Washington, DC: National Association of School Psychologists.

Westchester Institute of Human Development. (1994). Providing supports to individuals with challenging behaviors. Workshop presented at a meeting at the Westchester County Medical Center, Calhalla, NY.

Winett, R. A., & Winkler, R. C. (1972). Current behavior modification in the classroom: Be still, be quiet, be docile. Journal of Applied Behavior Analysis, 5, 499-504.

Zigler, E. F., & Stevenson, M. F. (1993). Children in a changing world. Pacific Grove, Ca: Brooks/Cole Publishing Co.

Zins, J., & Forman, S. G. (Eds.). (1988). Primary prevention in schools: What are we waiting for? School Psychology Review, 17, 539-541.

Table 1

Examples of Assessment Domains

Domains	Examples
Within-Child Characteristics	biological vulnerability
	age/gender
	cognitive development
	social skills
	communication skills
	neurogenic factors
Family Composition and Interaction	one vs. two parent families
	marital distress
	parental/sibling disorder
	number of siblings
	visitation arrangements
Parenting Skills	sensitivity
	responsiveness/availability
	affective involvement
	expectations
	discipline

(table continues)

Table 1

Examples of Assessment Domains

Domains	Examples
Social Context-Life Stress	educational levels
	employment
	financial resources
	social supports
	extended family stressors
Classroom Environment	matching tasks to child's ability
	teacher expectations
	classroom stimulation
	staff frustration
	tolerance of idiosyncratic behavior
	level of predictability

Table 2

Methodology for Data Collection

1. Interview significant players
2. Observation across setting and time
3. Comprehensive review of record
4. Direct contact with the child

Table 3

Framework for Preparation of Interventions

1. Clinical Impressions

   Summarize clinical understanding of the child and their behavior.

2. Target Behavior(s)

   Specify the behavior(s) that must be changed.

3. Warning Signs

   Under what circumstances or which behaviors can be used to predict the target behavior(s).

4. Prevention

   Determine strategies to minimize potential occurrence of the behavior(s).

5. Intervention

   Determine specific strategies in the event that targeted behavior(s) occur(s).

6. Evaluation

   Determine how interventions are evaluated and how restructuring of plan is made.

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